

Self-Directed Community First Choice/Personal Assistance Services Policy Manual

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100 GENERAL INFORMATION 400 ELIGIBILITY FOR SERVICES		
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Temporary Authorization	417	04/2015
Health Care Professional Authorization	418	10/2015
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500 MOUNTAIN PACIFIC QUALITY HEALTH

600 ADMINISTRATIVE REQUIREMENTS

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QAR Provider Agency Reports	610	01/2017
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Agency Requirements	701	07/2017
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180 Day and Annual Recertification	703	07/2015
Complaint Procedure	704	04/2015
Termination, Discharge and Temporary Absences	705	04/2017
Training Attendants	706	04/2015
Medical Escorts & Medical Transportation Mileage	707	07/2015
Shopping, Community Integration & Mileage	708	04/2017
Serious Occurrence Report	709	04/2017
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Skill Acquisition	721	07/2015
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General Information Forms Requisition	901	02/2015
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Unable to Admit/Discharge Form: (SLTC-158)	907	02/2015
Agency Admit Form: (SLTC-163)	908	04/2017
Person Centered Planning Form: (SLTC-200)	909	02/2015
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Service Delivery Record Form: (SLTC-222/Samp	le) 911	02/2015
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Personal Representative Agreement: (SLTC-16	66) 923	07/2015
Internal Quality Assurance Form: (SLTC-250)	924	01/2017
Provider Prepared Standards: (SLTC-251)	925	01/2017
Intake Internal Review Worksheet: (SLTC-246)	926	01/2017
Recertification Internal Review Worksheet: (SLTC- 247)	927	01/2017
1000 RESERVED		
1100 CFC/PAS PERSON CENTERED PLANN	IING (PCP)	
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PCP Re-Admission to CFC/PAS	1107	04/2017
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Plan Facilitator Change: Intake to Waiver/Case Management, Switch in Agency, and Waiver Discharge	1109	04/2017
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Personal Emergency Response System (PERS	S) 1111	07/2017
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9900 APPENDIX		
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